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JUN 13 2006

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To:	Company:	Fax Number:	Tel Number:
Examiner: Charlotte M. Baker Art Unit: 2626	U.S. Patent and Trademark Office	+1.571.273.8300	+1.571.272.7459

From: Troy M. Schmelzer

Date: June 13, 2006

Time: 12:59 pm

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For internal purposes only:

Client number: 81800.0178

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MESSAGE:

Patent Application No.: 10/053,089; Our Ref. 81800.0178

I hereby certify that the following documents:

- ☒ Petition for Extension of Time.
- ☒ Request for Continued Examination (RCE).
- ☒ Amendment/Amendment Transmittal Letter.

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, for filing in the above-identified application.

June 13, 2006
Date of Deposit


Juanita Soberanis

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WLA - 1-800-0178 - 366533 v1

FORM PRO-1083

Attorney Docket No. 81800.0178
Customer No. 26021

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:
Masahiro HATASHITA
Serial No. 10/053,089
Filed: January 16, 2002
For: Facsimile Gateway Device

Art Unit: 2626
Examiner: Baker, Charlotte M.
Confirmation No: 5517

JUN 13 2006

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Petition for Extension of Time.
☒ Request for Continued Examination (RCE).
☒ Amendment.

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450, on
June 13, 2006
Date of Deposit
Juanita Soberanis
Name
Signature Date 6/13/2006

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20	0	LG=\$50 SM=\$25	\$50	\$ 0
INDEPENDENT CLAIMS FEE	3	-	3	0	LG=\$200 SM=\$100	\$200	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS		\$ 0
Independent Claims: 1, 10 and 10					TOTAL		\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independently) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$_____ to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
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- ☒ The Commissioner is hereby authorized to charge \$790 for the RCE and \$120 for the extension and any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
HOGAN & HARTSON L.L.P.

By: Troy M. Schmelzer
Registration No. 36,667
Attorney for Applicant(s)

Date: June 13, 2006

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